PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax

(703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee notification	18.		<u> </u>			
CURRENT CORRESPONDENC	E ADDRESS (Note: Legibly mark-up	with any corrections or use Block 1)	Fee(s) Transmittal, 7	of mailing can only be used f his certificate cannot be used nal paper, such as an assignm	for any other accompanying	
20350 75	590 04/23/2004		have its own certific	ate of mailing or transmission.	one or rounar drawing, mast	
TOWNSEND AN	ND TOWNSEND AN	ND CREW, JAPP F	<u> </u>	ertificate of Mailing or Tran	smission	
TWO EMBARCA	DERO CENTER	/0	I hereby certify that States Postal Service	this Fee(s) Transmittal is being with sufficient postage for final Stop ISSUE FEE address	g deposited with the United	
EIGHTH FLOOR			addressed to the M	ail Stop ISSUE FEE address PTO, on the date indicated be	above, or being facsimile	
SAN FRANCISCO), CA 94111-3834	JUL 122	Nina L. Mo		(Depositor's name)	
		\&	Alina Z	M. Bell	(Signature)	
		TENT & TRAD	July Thelen	2004	(Date)	
APPLICATION NO.				ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/862,811	05/22/2001	David A	A. White	12553-009215	3520	
TITLE OF INVENTION: S	YSTEM AND METHOD FO	OR INTRALUMINAL IMAGIN	NG .			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1330	\$300	\$1630	07/23/2004	
EXAM	IINER	ART UNIT	CLASS-SUBCLASS	7		
MARMOR II, C	HARLES ALAN	3736	600-585000			
1. Change of correspondence	e address or indication of "Fo	ee Address" (37 2. For pri	inting on the patent front pag	e. list (1) the		
CFR 1.363).		names of	f up to 3 registered patent	attorneys or 1 Towns	end and Townsend	
Change of corresponde	ence address (or Change of C		R, alternatively, (2) the name ring as a member a registered		and Crew LI	
Address form PTO/SB/1:	•	agent) an	d the names of up to 2 regi			
PTO/SB/47; Rev 03-02 (Number is required.	on (or "Fee Address" Indicat or more recent) attached. Use	attorneys e of a Customer will be pr	or agents. If no name is list inted.	ed, no name 3		
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON THE PATEN	T (print or type)			
PLEASE NOTE: Unless been previously submitte (A) NAME OF ASSIGN	d to the USPTO or is being s	low, no assignee data will appe submitted under separate cover. (B) RESIDEN	ear on the patent. Inclusion of Completion of this form is NO CE: (CITY and STATE OR CO	OT a substitute for filing an ass	ate when an assignment has ignment.	
SCIMED Life Sy	stems, Inc.	Maple 0	Grove, MN 55311	-1566		
Please check the appropriate	assignee category or catego	ries (will not be printed on the	patent); 🔾 individual 🗆	corporation or other private g	roup entity government	
4a. The following fee(s) are	enclosed:	4b. Payment of	f Fee(s):			
🛚 Issue Fee		☐ A check i	in the amount of the fee(s) is e	nclosed.		
M Publication Fee		•	by credit card. Form PTO-203			
X Advance Order - # of	Copies 10	QX The Dire Deposit Acc	ector is hereby authorized by count Number 20-1430	charge the required fee(s), or (enclose an extra c	credit any overpayment, to copy of this form).	
Director for Patents is reque	sted to apply the Issue Fee a	nd Publication Fee (if any) or to				
(Authorized Signature)	Peter Co	(Date) 2004 Jul	² / ₂ 7			
	oucher (Reg. No	• 44,03/)	, , , , , , , , , , , , , , , , , , , ,	ILE444 00000038 20143	30 09862811	
NOTE; The Issue Fee and other than the applicant; interest as shown by the re	d Publication Fee (if require a registered attorney or agreed of the United States Page 2014)	ed) will not be accepted from ent; or the assignee or other stent and Trademark Office.	party in 02 FC:1504	1330.00 DA 300.00 DA		
This collection of information obtain or retain a benefit application. Confidentiality	tion is required by 37 CFR by the public which is to fi y is governed by 35 U.S.C. 1	1.311. The information is requile (and by the USPTO to prove 22 and 37 CFR 1.14. This colleathering, preparing, and submit II vary depending upon the intequire to complete this form to the Chief Information Offic of Commerce, Alexandria, TED FORMS TO THIS ADIginia 22313-1450.	uired to cess) an ection is	30.00 DA		
		persons are required to response control number.				

JUL 12 7004 E

		Application Number		09/862,811			
TRANSMITTAL			Filing		May 22, 2001		
FORM			⊢ –	lamed Inventor	White, David A.		
(to be used for all correspondence after initial filing)			<u> </u>				
(to be used for all correspondence after limital lilling)			Art Un		3736		
			-	ner Name	Marmor II, Charles Alan		
Total Number of Pages in This Submission		Attorne	ey Docket Number	012553-009215US			
ENCLOSURES (Check all that apply)							
Fee Transmittal Form	1	☐ Drawin	ng(s)		After Allowance Communication to Group		
Fee Attached		Licensi	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences		
Amendment/Reply		Petition			Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)		
☐ After Final		Petition to Convert to a Provisional Application			Proprietary Information		
Power		of Attorney, Revocation of Correspondence Address		Status Letter			
Extension of Time Request		Terminal Disclaimer		mer .	Other Enclosure(s) (please identify below):		
Express Abandonment Request		Request for Refund CD, Number of CD(s)			Part B - Issue Fee Transmittal Return Postcard		
☐ Information Disclosure	e Statement						
Certified Copy of Priority Document(s)		Rema	The Commissioner is authorized to charge any additional fees to Account 20-1430.				
Response to Missing Parts/ Incomplete Application				e e			
Response to Missing Parts under 37 CFR 1.52 or 1.53							
				ICANT, ATTORNEY,	OR AGENT		
or	wnsend and T		nd Crew				
Individual Par	Patrick M. Boucher Reg. No. 44,037						
Signature	Ctil re						
Date	2004 July	7					
		CERTIFIC	ATE OF	TRANSMISSION/MA	AILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.							
Typed or printed name Nina L. McNeill				· · · · · · · · · · · · · · · · · · ·			
Signature Hina L M		M. G	Meil	Date 7-7-04			

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

1660

Complete if Known					
Application Number	09/862,811				
Filing Date	May 22, 2001	٠			
First Named Inventor	White, David A.				
Examiner Name	Marmor II, Charles Alan				
Art Unit	3736				
Attorney Docket No.	012553-009215US				

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)					
Check Credit Card Money Order Other None	3. ADI	3. ADDITIONAL FEES					
Deposit Account:	Large	Entity	Small	Entity			
Deposit Account 20-1430	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	
Number 20-1400	1051	130	2051	65	Surcharge - late filing fee or oath		
Deposit	1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.		
Account Townsend and Townsend and Crew LLP	1053	130	1053	130	Non-English specification		
Name	1812	2,520	1812	2,520	For filing a request for reexamination		
The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action		
Charge any additional fee(s) or any underpayment of fee(s) Charge fee(s) indicated below, except for the filing fee	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action		
to the above-identified deposit account.	1251	110	2251	55	Extension for reply within first month		
FEE CALCULATION	1252	420	2252	210	Extension for reply within second month		
	1253	950	2253	475	Extension for reply within third month		
Large Entity Small Entity Fee Fee Fee Fee Fee Description Fee Paid	1254	1,480	2254	740	Extension for reply within fourth month		
Code (\$) Code (\$)	1255	2.010	2255	1.005	Extension for reply within fifth month		
1001 770 2001 385 Utility filing fee	1401	330	2401	165	Notice of Appeal		
1002 340 2002 170 Design filing fee	1402	330	2402	165	Filing a brief in support of an appeal		
1003 530 2003 265 Plant filing fee	1403	290	2403	145	Request for oral hearing		
1004 770 2004 385 Reissue filing fee					Petition to institute a public use		
1005 160 2005 80 Provisional filing fee	1451	1,510	1451.	1,510	proceeding		
SUBTOTAL (1)	1452	110	2452.	55	Petition to revive – unavoidable	:	
(a)	1453	1,330	2453	665	Petition to revive – unintentional		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665	Utility issue fee (or reissue)	1330	
Fee from	1502	480	2502	240	Design issue fee		
Extra Claims below Fee Paid	1503	640	2503	320	Plant issue fee		
Total Claims -** = X =	1460	130	1460	130	Petitions to the Commissioner		
Independent Claims -** =	1807	50	1807	50	Petitions related to provisional applications		
Multiple Dependent	1806	180	1806	180	Submission of Information Disclosure Stmt		
Large Entity Small Entity	8021	40	8021	40 .	Recording each patent assignment per property (times number of properties)		
Fee Fee Fee Description Code (\$) Fee Description 1202 18 2202 9 Claims in excess of 20	1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))		
1201 86 2201 43 Independent claims in excess of 3	1810	770	2810	385	For each additional invention to be	\vdash	
1203 290 2203 145 Multiple dependent claim, if not paid					examined (37 CFR § 1.129(b))		
1204 86 2204 43 ** Reissue independent claims over original patent	1801	770	2801	385	Request for Continued Examination (RCE)		
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802	900	1802	900	Request for expedited examination of a design application		
SUBTOTAL (2) (\$)		Other fee (specify)		•	Publication Fee 30		
**or number previously paid, if greater; For Reissues, see above					Ten (10) advance copies of patent	30	
	-Reduce	ed by Basic	c Filing f	Fee Paid	SUBTOTAL (3) (\$)1660		
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